DOCUMENT RESUME

ED 058 098 SE 013 241

TITLE	Situation Report--Argentina, France, Gambia, Grenada, Hungary, Nepal, and Paraguay.
INSTITUTION	International Planned Parenthood Federation, London (England).
PUB DATE	Dec 71
NOTE	36p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to population and family planning in seven foreign countries are presented in these situation reports. Countries included are Argentina, France, Gambia, Grenada, Hungary, Nepal, and Paraguay. Information is provided, where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. (BL)

EDO 58098

Situation Report

Distribution

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Country ARGENTINA

Date DECEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,776,656 sq.kms.[1]
Total population	17,119,000[1]	20,005,691[1]	24,352,000 (1970)
Population growth rate		1.7%	1.5% (1970)
Birth rate	24,9 (1952)[1]	22.5[1]	23 per 1,000(1970)
Death rate	8.6(1952)[1]	8.2[1]	9 per 1,000(1970)
Infant mortality rate	64.9(1952)[1]	60.8[1]	58 per 1,000(1967)
Women in fertile age group (15-49yrs)			6,035,000(1970)[2]
Population under 15		31%	29%(1970)
Urban population		73.6%[3]	80.4%(1970)[3]
GNP per capita			US$1,060(1969)[4]
GNP per capita growth rate			2.6%(1960-69)[4]
Population per doctor		670(1962)	630(1967)
Population per hospital bed		170(1962)	160(1964)

Note: Unless otherwise stated, the source for this table is Datos Básicos de Población en América Latina, 1970; Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.

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1. United Nations Demographic Yearbook
2. Estimate from basic data of CELADE: Boletín Demográfico, Year 2, No. 4 Santiago de Chile, July 1969.
3. United Nations Monthly Bulletin of Statistics, November 1971.
4. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.

*This report is not an official publication but has been prepared for informational and consultative purposes.

SE 013 241

I. GENERAL BACKGROUND

Argentina has what is probably the lowest birth rate in Latin America and a slow population growth rate. At the present rate the population will double within 47 years. Population density is nine persons per square kilometre and distribution is very uneven. The majority of the population live in the Federal Capital of Buenos Aires and in the Litoral provinces; in 1970, 11.7 million persons were living in the city and province of Buenos Aires alone. The most urbanized of the countries of Latin America, Argentina also has the lowest dependency ratio and a low percentage of population under 15 years of age.

General health standards are high and are based on the good level of nutrition; in 1966 the average daily per capita consumption of calories was 2,920. The exceptions are the far north and north-west of the country, and parts of Patagonia in the south. In these areas general mortality, infant mortality, and the birth rate are considerably higher than the average. Their lack of facilities and of employment opportunities has stimulated migration to the cities, in particular to Buenos Aires. It is estimated that at least half a million people live in the shanty towns of the Federal capital and that 90% of their inhabitants are from the north-west.

Ethnic

Mainly white, with small mixed and Amerindian groups, especially in the north-west. A very large number of European immigrants came to Argentina, in particular at the beginning of this century, above all from Italy and Spain.

Language

Spanish.

Religion

Over 90% of the population are Roman Catholic. There are small Protestant and Jewish minorities.

Economy

The economy is traditionally and primarily based on agriculture and agricultural products, chiefly wheat, maize, oats, linseed, livestock, wool, and wine. Argentina is one of the world's leading exporters of wheat and beef. There is an extensive meat-processing and animal by-products industry and there has been rapid growth in the plastics, textile, steel, engineering, and chemical industries. Argentina is virtually self-sufficient in consumer goods and in many categories of machinery. Minerals are being explored and developed, in particular aluminium and copper, and large hydro-electric power projects are being carried out.

Communications/Education

Argentina has an extensive rail and road network centred on Buenos Aires. Internal air transport is well-developed. Improvement works are being carried out on the Parana river to develop it as a major waterway.

Newspaper coverage of the country is good. There are ten Buenos Aires, and 26 provincial daily newspapers as well as a large number of other journals and papers. Of the 90 radio stations 37 are government owned, and there are six million radio sets (1970). There are 29 commercial television stations and three million television sets (1970).

Education is free from primary to university level and is compulsory between the ages of six and 14 years. The illiteracy level is one of the lowest in Latin America, with 9% of the population over 15 years of age illiterate in 1960. The figure reflects the generally adequate provision of educational services with the exception of the remoter rural areas.

Medical/Social Welfare

Argentina has a large private medical sector, mainly concentrated in Buenos Aires and the large towns and cities, and a correspondingly small and undercapitalized public health service. The public services are the responsibility of the Secretary for Public Health and include pre-natal and child health centres. There are good training facilities for medical personnel including nine medical faculties and 75 nurses' schools.

Social welfare benefits are provided to wage earners by trade unions and employers' associations, financed by employees' and employers' contributions. In 1967 all welfare services were coordinated under the National Council of Social Welfare and a new Pensions Law was introduced. Employment legislation covers working hours, holidays, payment of wages, overtime, bonuses, accident compensation, dismissal and death indemnities.

II. FAMILY PLANNING SITUATION

The Government sponsors a pro-natalist policy. However, the low birth rate can be explained by the high incidence of abortion and by the availability of contraceptive advice from the private medical sector. A private family planning association, supported by the IPPF, also provides family planning services.

Attitudes

The Government took a strong stand against family planning and birth control in 1968, when the President attacked the World Bank's head, Mr. Robert McNamara, for his suggestion that Bank aid might be tied to a nation's efforts to control its population.

The Government supported the attitude of the Catholic hierachy which asserted obedience to the Pope's ruling on artificial birth control. The President himself spoke out in favour of the Papal Encyclical in his speech at the opening of a PAHO Conference in Buenos Aires in October 1968. This attitude was reinforced by a law introducing a new wages policy which increased subsidies and school allowances for each child.

However, there has been a recent growth of interest among health officials within the Secretariat of Public Health in family planning as a necessary part of general health programmes for mothers and children. In 1971, the Federal Government set up a new agency for Child and Family Welfare.

There seemed to be a more favourable official attitude by the end of 1971. The private association achieved the official recognition by six provincial governments of family planning programmes operating within their jurisdictions. At the Federal level a specially formed committee approved new norms for medical care in the gynaecological field at the request of the Secretariat of Public Health, and this document has been submitted to the Ministry of Social Welfare with the recommendation that it be distributed to all doctors and hospitals in the country. One section of the document, on fertility regulation, states that part of the doctor's work is to give advice on contraceptives.

Legislation

Publicity for birth control is illegal and there are restrictions on the import, manufacture and distribution of contraceptives. However, the oral pill can be bought over the counter. In 1971 the private association approached the Secretariat of Public Health to petition that the distribution of hormonal contraceptive products without a doctor's prescription be made the subject of an investigation with a view to its regulation.

Abortion: Law No.17567 (6.12.67). Abortion carried out by a qualified physician with the woman's consent is not illegal if:

(i) It is performed in order to eliminate serious danger to the mother's life and health, there being no other way of eliminating this danger.

(ii) The pregnancy is the result of rape in repsect of which criminal proceedings have been initiated.

Despite the law illegal abortions are common and a prosecution is rarely made. There are research studies into the incidence of illegal abortion, for example, Research on Illegal Abortion and Family Planning at the City Sexology Centre, Rawson Hospital, Buenos Aires. This study was carried out by Dra. Nydia Gómez Ferrarotti and Dra. Carmen García Varela. The results showed that amongst 532 married women, 32.6% of pregnancies ended in abortion. Of these abortions, 77.5% were said to be illegal. A smaller survey among 98 unmarried women showed that 34.6% of all pregnancies ended in abortion; of these abortions, 72.4% were said to be illegal.

A recent estimate of the rate of illegal abortion in urban areas says that there is at least one abortion for each live birth.

Family Planning Association

History

The recognition of the need in Argentina for family planning services grew among members of the medical profession as they became increasingly aware of the high incidence of abortion, the need to detect cancer, and to ensure the family's physical and mental health.

Family planning services and sex education were pioneered at the Hospital Rawson in Buenos Aires, by Dra. Nydia Gómez Ferrarotti, in 1962. In November 1965 the 'Federación Argentina de Centros de Planificación Familiar' was organized in Buenos Aires under Dr. Eliseo Rosenvasser, and it coordinated the emerging family planning activities in hospitals

in Buenos Aires. Family planning projects were also initiated independently in Tucumán by Dr. Jacob Schujman and in Mar del Plata by Dr. Isaac Spindler, both in 1965. In 1966 representatives from different provinces attended the First National Family Planning Meeting at the University of Córdoba; the meeting set up the Asociación Argentina de Protección Familiar. (Family Protection Association of Argentina), to coordinate and develop the family planning movement on a national scale. In 1969, the Association became a member of the IPPF.

Address:

Asociación Argentina de Protección Familiar,
Cangallo 362,
Buenos Aires, cap.fed.,
Argentina.

Personnel:

President: Dr. Julio Gosende.
Executive Director: Lic.Deolinda González Prandi.
Directors of Departments:

Medical - Dr.Juan T.Hannouche
Educational - Sr. Luis M. Aller Atucha
Information and Evaluation - Lic.Raúl Castro Olivera
Training - Sr.Jorge Elíades Pailles.

The Association has an Executive Committee in which the Litoral, Cuyo, Central, Northern and Southern Areas are represented, and a legal and technical committee.

Services

The Family Protection Centres affiliated to the Association offer fertility, infertility, and cancer detection services, ante-natal care and gynaecological attention. There were 15 Centres at the end of 1967 and 24 by the end of 1969. In 1970, the Association recognized 19 new Centres, bringing the total to 42. The majority of the Centres, 28, are in the Southern Area which includes the city and province of Buenos Aires, and together the 42 Centres covered 16 of the 24 provinces. All the Centres are in cities or towns and 37 are held in official hospitals and health establishments. The majority of the Centres recognized by the Association receive financial assistance from it.

In 1970 the Association served 10,694 new acceptors of whom 77% used the oral pill and 19% the IUD. Other selected methods included spermicides, diaphragm, rhythm, and the injectable. There were 31,109 follow-up visits, 3,523 visits for infertility treatment, 11,971 visits for ante-natal care, 28,991 visits for gynaecological attention, and 7,556 Papanicolaou tests were made.

In the first six months of 1971 the Association recognized 12 new Centres but these do not receive financial support. However technical assistance from the Central Medical Department is available for these as for all the affiliates. In the same period the Centres served 5,737 new acceptors of whom the majority used the oral pill, and attended 22,082 follow-up visits. There were 30,479 visits for other services and 5,610 Papanicolaou tests were made.

In 1971 the Medical Department began a study on the clinical evaluation of IUDs.

Information and Education

The Association's Department of Education has three major areas of activity, education, institutional publicity, and information and the press.

In the sphere of education, the Department has designed and produced a wide range of basic motivational and information material for children, young people, and adults. This includes slide and wall-chart sets, leaflets, manuals, and posters. In 1971 the Department completed its first film warning against the danger of illegal abortion. As well as distributing locally produced material the Department also loans out films and slide sets from a collection of imported materials.

Within the field of institutional publicity, the Department seeks to promote knowledge of the Association, its aims, and activities. Information is exchanged with other institutions at home and abroad, coordination is maintained with Government departments, hospitals, and other health institutions, and a Newsletter is issued four times a year.

In the third field of activity, the Department seeks to gain press coverage of the Association and its work. In 1970 over 60 reports appeared and good publicity was given in particular to the Association's First National Meeting, in October.

At the level of the Centres, talks, meetings, and film and slide shows are held for acceptors. A programme of seminars, meetings, and conferences for professional workers is also organized. In 1970 the programme included five seminars, two conferences, four other working meetings one of which was international, and the First National Meeting of the Family Protection Centres. The topics included family planning, sex education, 'Family and Youth' family planning and communication,and fertility, and the participants represented medical and paramedical personnel, medical students, the Leagues of Mothers of Families, educators, social workers, and provincial officials. Many participants were already working in Family Protection Centres.

The programme was maintained at both levels in 1971. Several meetings and seminars were held in different provinces and the Association continued to seek the support of influential community leaders, medical professionals, and representatives of the federal and provincial governments.

Sex Education

The programme in the Family Protection Centres includes talks on sex education. The Education Department has prepared sets of slides, charts and leaflets on sex education for adolescents.

Training

In 1970, 180 medical and paramedical personnel attended national training courses. The majority were already working in a Family Protection Centre or in a private institution offering family planning services. Others were representative of different groups interested in family planning and

in taking part in services. Regional courses were held for a further 215 participants, including teachers and public officials, as well as medical personnel. The themes covered at national or regional level included human fertility and family planning, sex education and family planning, mental health and family planning, family health, obstetrics and gynaecology, the role of the teacher in educational planning and child socialization, and sex education for educators.

32 training courses were scheduled for 1971, on the same themes and also on health programmes and community development programmes.

Research

In 1971 the Association is to publish a Report of a study of IUDs and of the functioning of the Family Protection Centres, and to collect and analyse demographic data.

To stimulate research work, the Association offers an annual prize to the two best pieces of scientific work produced in the Centres recognized by the Association.

Resource Development

The Argentine Association received incorporated status in 1971 which will allow it tax exemption. A resource development campaign is to be initiated in 1972.

Other Organizations

Consejo Argentino de Estudios sobre la Reproducción.: C.A.D.E.R.

(Argentine Council for Reproduction Studies).

C.A.D.E.R. is an active organization in the field of human reproduction studies at university level, and its activities include the holding of courses and the promotion of investigation.

Address:

Consejo Argentino de Estudios sobre la Reproducción,
Obligado 2490,
Buenos Aires,
Argentina.

Personnel:

President:	Dr. Francisco Uranga Imaz
Secretary:	Dr. Roberto Nicholson

Other sources

- Asociación Argentina de Protección Familiar, Memoria, 1970.
- _____, Report for 1970 to the IPPF.
- _____, Semi-annual Fiscal Report to the IPPF, January 1, 1971 - June 30, 1971.
- _____, Boletín Informativo.
- Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO, No. 193, WHO June 1971.
- Abortion Laws. A Survey of Current World Legislation. WHO, Geneva,1971.
- The Europa Year Book. 1971. A World Survey. Vol.II.

Situation Report

Distribution *

Country FRANCE

Date DECEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			551.255 Km2
Total Population	41,647,300	45,465,000	51,004,300(1971)
Population growth rate			0.9% (1963-1970)
Birth rate		18.1 (1964)	16.7 per 1,000 (1970)
Death rate			10.6 per 1,000 (1970)
Infant Mortality rate			20.1 per 1,000 (1966-1970)
Women in fertile age group (14-44)		8,526,474	10,347,500 (1971)
Population under 15		12,098,392	12,585,300 (1971)
Urban population			69.9%(1970)
GNP per capita			US$2,460(1969)
GNP per capita growth rate			4.8%(1960-69)
Population per doctor			798(1968)
Population per hospital bed			230 (1966)

*This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 6-16. Education is free but not compulsory in Maternelle (pre school) for ages 2-6.

Planned Parenthood Situation

Advice is available from the planned parenthood association centres.

Planned Parenthood Association

Mouvement Francais pour le Planning Familial (MFPF),
2 rue des Colonnes,
Paris 2e.

President: Professor A. Lwoff

Association History

MFPF was founded in 1956 and became a full member of the IPPF in 1965.

Government Attitude

The Government favours an increase in the birth rate in metropolitan France. Family allowances are generous, and these were increased at the same time as the 1967 law, repealing the 1920 legislation against contraception, was passed. On the other hand, in the Overseas Departments of Guadeloupe, Martinique, and Reunion, the Government favours a reduction in the birth rate. In February 1971 the MFPF was recognized by the Ministry of Youth and Sports as 'a national association for popular education'.

Legislation

The law of 28 December 1967, modifying the law of 1920 on contraception, has yet to be fully applied. Two regulations relating to the sale and import of contraceptives and the manner of their prescription have been published.

Regulations governing the organization of planned parenthood centres and the insertion of IUDs have yet to be published.

Planned parenthood publicity is prohibited except in medical journals.

Thus, although contraception is no longer illegal, the activities of the MFPF are severely restricted, and membership for the purpose of obtaining contraceptives is no longer sufficient in law.

Facts and Figures

The MFPF runs over 350 advice centres, of which three only actually provide contraceptives (on a pilot project basis); the others refer to physicians trained by the MFPF College des Medecins.

A planned parenthood centre has been established in a polyclinique in Paris with social workers, family guidance workers, and gynaecologists. Here patients pay the equivalent of 20% of the cost of treatment.

The MFPF has received a grant from the National Health and Family Allowances Fund.

Induced abortion is known to be widespread - widely quoted estimate is 4-800,000 per annum, or approximately 1 abortion to every 1-2 live births.

Training

The MFPF College des Medicins trains physicians in contraceptive techniques, and over 3,000 (including 500 gynaecologists and over 100 physicians from Francophone countries) are now prescribing.

The MFPF Ecole des Cadres trains planned parenthood counsellors. Over 1000 such counsellors have been trained (including people from Francophone countries).

The MFPF sex education committee is responsible for coordinating activities on a national basis. Lectures have been given for both teachers and students and the Association has produced a number of visual aids in this field.

The Association produces a monthly journal, "Planning Familial", which is on sale publicly in kiosks and newsagents.

Responsible Parenthood and Sex Education

The MFPF has established sex education and information committees in most departments. These committees unite MFPF workers, teachers and parent student associations. The MFPF training committee has organized seminars for trainers and counsellors. The sex education and information committee has organized national seminars on a variety of subjects.

There is increasing cooperation with the Trades Unions and a number of information centres have been opened in factories in large cities. The MFPF works with a number of other national educational and family organizations.

Situation Report

Distribution *

Country GAMBIA

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			11,295 sq.kms.
Total population		301,000	364,000 (1970)[1]
Population growth rate			1.9% (1963-70)[1]
Birth rate			42.5 per 1,000 (1965-70)[1]
Death rate			23.1 per 1,000 (1965-70)[1]
Women of fertile age (15-44)			80,674 (1963)[2]
Population under 15			45% (1969)
Urban population			10.2% (1970)[3]
GNP per capita			$110 (1969)[4]
GNP per capita growth rate			0.7% (1960-69)[4]
Population per doctor			18,670 (1966)[5]
Population per hospital bed			690 (1966)[5]

1. United Nations Demographic Yearbook 1970.
2. United Nations Demographic Yearbook 1969.
3. Kingsley Davis: World Urbanisation 1950-1970.
4. World Bank Atlas.
5. United Nations Statistical Yearbook 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

The Gambia is Africa's smallest state, and is a thin finger of land almost completely surrounded by Senegal on the west coast. The country gained its independence from Britain in 1965. A new constitution was adopted in 1970, and the Gambia became a republic under the presidency of Sir Dawda Jewara. Three parties are represented in parliament.

Bathurst is the cpital city with a population of about 31,000 - approximately 10% of the total population. Density is about 110 per square kilometre.

Ethnic Groups

The population is divided into five main tribal groups, the Mandingo (50%), Fula, Woloff, Jola and Samahuli.

Language

English is the official language, but tribes speak their own languages.

Religion

About 95% are Moslem. There are Roman Catholic, Anglican and Methodist churches and missions.

Economy

Agriculture and stock breeding employ about 85% of the population. The economy is very dependent on groundnuts. Groundnuts in one form or another constitute all but a few per cent of exports of domestic produce. There is also some re-exporting. Fishing and timber are of growing importance.

Main exports in 1968 - 69 in order of importance were: shelled groundnuts, groundnut oil, groundnut meal, palm kernels and dried fish.

Communications/Education

Radio: 96 sets per 1,000 people (1970)
Cinema: 15.8 seats per 1,000 people (1970)
There is no television and no daily newspapers.

Bathurst is one of the best ports on the west coast and is linked to towns in the interior by the River Gambia.

School enrolment: 1968-69 primary: 16,230 secondary: 4,012

Less than 20% of school-age children attend school. Primary education is mainly in non-compulsory state schools. Missions run some primary schools and about half of secondary education. There is no university.

Medical

In 1967 infant mortality was estimated at 122 per 1,000 in Bathurst, and 500 per 1,000 in rural areas. In 1970, there was 1 hospital in Bathurst, 9 rural health centres, 24 dispensaries, and 34 sub-dispensaries. A school of nursing and midwifery recently opened.

An increasing demand for abortion, particularly in the Bathurst - Kombo - St. Mary area, has been reported.

II. FAMILY PLANNING SITUATION

Family planning services are provided by the Family Planning Association of the Gambia (FPAG) at its own clinic in Bathurst and at a number of health centres which are visited by FPAG staff.

History

The Association was formed in 1969 by Dr S.J. Palmer, a recently retired Medical Superintendent, with the assistance of the Pathfinder Fund and IPPF. Up till March 1971 FPAG did not have its own clinic, and patients were referred to a clinic run by Dr Palmer at Kanifing, about 10 miles outside Bathurst. The FPAG clinic was officially opened in November 1971, although patients began to be received earlier in the year, in March. FPAG became a member of IPPF in 1971.

Attitudes

There is little objection either from the Government or the society at large to the expansion of family planning services in the Gambia.

Legislation

There is no anti-contraceptive legislation.

Family Planning Association Address

Family Planning Association of the Gambia,
7 Buckle Street
P.O. Box 325,
Bathurst. Telephone: 8159

Personnel

Chairman:	Mr. G.J. Roberts
Vice Chairman:	Rev. J.C. Faye
Medical Advisor:	Dr. S.J. Palmer
Treasurer:	Mr. Alhaji S.B. Gaye
Chairman Finance Committee:	Mr. Alieu M. M'Boge
Chairman Medical Committee:	Mrs. Amie Jeng

Part-time nursing sisters: Miss Conteh and Mrs McPherson.

Services

A clinic began functioning in Bathurst in March 1971. Clinic figures show about 100 new acceptors every month between March and November 1971.

Association personnel also visit government hospitals, clinics and health centres in Bathurst and 7 locations within a 50-mile radius of the capital. Staff employed include 2 part-time nursing sisters, 3 welfare assistants, and a driver/projectionist. The work of the nursing sisters outside the FPAG clinic is largely motivational: they do not at present prescribe pills or insert IUDs. Having worked closely with Dr Palmer for some time, however, they should eventually be able to carry out the work of prescribing and inserting on their own.

In 1972 it is hoped to increase the number of welfare assistants to 6.

Clinic Fees (at March 1971) - IUD US$0.48 (1 Dalasi); all other contraceptives US$0.12 (25 Bututs)

Information/Education

The 2 nursing sisters carry out motivational work in government hospitals and clinics. A full-time fieldworker should be appointed in 1972. Committee members and staff give talks in Bathurst and surrounding villages. In 1970, considerable use was made of Radio Gambia, which can be used free of charge, and family planning was discussed on a number of programmes. Film shows have also been held, while the new centre includes a public library and reading room.
It is hoped to appoint an Information and Education Officer in 1972.

Training

The association has not yet organized any regular training programme.

Government

Government assists the work of the Association in various ways, for example, by providing free use of radio and the press, duty-free import of contraceptives, and access to government clinics and health centres.

In 1969, the Ministry of Health invited the Population Council to send a mission to the Gambia to investigate the country's demographic situation and the implications of its population growth rate. A report was made by Dr. John Caldwell and submitted to the Gambian Government in 1970. The Caldwell report estimated a population growth rate of 2.2%, a birth rate of 45 per 1,000, and a death rate of 25-30 per 1,000. Net immigration was assessed as raising population growth rate by 0.2%. The report recommended that another census should be carried out before 1973, and that the Government should adopt a population policy designed to give people the opportunity to choose family size.
The report is apparently still under consideration.

Other Organizations

IPPF helped in the establishment of the FPAG and has continued to provide financial support. From the end of 1971 the Association will be wholly supported by IPPF.

Pathfinder Fund was instrumental in the foundation of FPAG, providing initial funds. Now that the original aim has been achieved and the Association is well established Pathfinder will cease its contributions as from the end of 1971.

Population Council sent a mission to the Gambia in 1969 at the request of the Government, and a report was produced by Dr John Caldwell recommending the adoption of a government programme. The Population Council has also indicated its willingness to assist the Government in carrying out KAP and other surveys, and in setting up family planning services.

Sources

FPAG 1972 budget
Europa Yearbook 1971
Report on the work of FPAG (March 1971) by I.A.S. Burang-Jonn (former FPAG Administrator)
Report to the Government of the Gambia on the Population Problems of the Gambia by Dr John C. Caldwell of the Population Council.

Situation Report

Distribution

Country GRENADA

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			344 sq.kms.[1]
Total population	77,000[1]	88,677[1]	94,500 (1970)[1]
Population growth rate			1.6% (1963-70)[1]
Birth rate	38.6[1]	45.3[1]	31.5 per 1000 (1969)[2]
Death rate	13.8[1]	11.6[1]	8.0 per 1000 (1968)[1]
Infant Mortality rate	90.1[1]	77.9[1]	34.1 per 1000 (1968)[1]
Women in fertile age group (15-49)			19,002 (1964)[1]
Population under 15		47.6%[2]	49% (1964)[1]
Urban population			
GNP per capita			US$230 (1969)[3]
GNP per capita growth rate			-0.8% (1960-69)[3]
Population per doctor			3,500 (1968)[4]
Population per hospital bed			150 (1968)[4]

1. United Nations Demographic Yearbook
2. Information provided by the Grenada Planned Parenthood Association.
3. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
4. Fourth Report on the World Health Situation, 1965-1968. Official Records of the WHO. No. 193, WHO, June 1971.

*This report is not an official publication but has been prepared for informational and consultative purposes.

Grenada is part of the Windward Islands in the eastern Caribbean and is one of the Associated States with the United Kingdom. With St. Vincent, it shares the administration of the group of small islands called the Grenadines, the largest of which is Carriacou with approximately 12,000 inhabitants. At the end of 1971, together with Dominica, Guyana, St. Kitts/ Nevis, St. Lucia and St. Vincent, Grenada published a joint plan to form a new West Indian state by March 1973.

The population of Grenada according to the provisional result of the 1970 Census is considerably less than had been estimated. The 1969 United Nations estimate had been 105,000. Emigration from the island may be a contributing factor to this result. According to figures prepared by the Department of Sociology of the University of the West Indies and published in the Daily Gleaner, (kingston, Jamaica), February 1971, the annual rate of population increase between 1960-1970 was 0.64%.

The largest settlement is the capital, St. George's, with a population estimated at between 10,000 and 15,000 inhabitants.

Ethnic

The population is mainly of African and mixed descent, with smaller numbers of East Indians, Europeans, and Caribs.

Language

English is the official language. A West Indian dialect of English is also spoken.

Religion

The 1960 Census showed that 62% of the population were Roman Catholic, and approximately 13% Anglican.

Economy

Grenada has no industries. The economy is based on agriculture, in particular on the production of spices, cocoa, and bananas. The tourist industry is being developed. Grenada is a member of the Caribbean Free Trade Association - CARIFTA.

Communications/Education

Internal communication is by road. Grenada is served by inter-island shipping and air lines as well as by international air and sea services.

There are three newspapers. The Windward Islands Broadcasting Service (radio) has its headquarters in St. George's.

Primary education is free and theoretically education is compulsory between the ages of five and 15 years. However there are not enough places in the primary schools and the truancy laws are not enforced. Secondary education is not free and it is estimated that only one out of ten children of secondary age can attend a school.

Grenada is part of the Windward Islands in the eastern Caribbean and is one of the Associated States with the United Kingdom. With St. Vincent, it shares the administration of the group of small islands called the Grenadines, the largest of which is Carriacou with approximately 12,000 inhabitants. At the end of 1971, together with Dominica, Guyana, St. Kitts/ Nevis, St. Lucia and St. Vincent, Grenada published a joint plan to form a new West Indian state by March 1973.

The population of Grenada according to the provisional result of the 1970 Census is considerably less than had been estimated. The 1969 United Nations estimate had been 105,000. Emigration from the island may be a contributing factor to this result. According to figures prepared by the Department of Sociology of the University of the West Indies and published in the Daily Gleaner, (kingston, Jamaica), February 1971, the annual rate of population increase between 1960-1970 was 0.64%.

The largest settlement is the capital, St. George's, with a population estimated at between 10,000 and 15,000 inhabitants.

Ethnic

The population is mainly of African and mixed descent, with smaller numbers of East Indians, Europeans, and Caribs.

Language

English is the official language. A West Indian dialect of English is also spoken.

Religion

The 1960 Census showed that 62% of the population were Roman Catholic, and approximately 13% Anglican.

Economy

Grenada has no industries. The economy is based on agriculture, in particular on the production of spices, cocoa, and bananas. The tourist industry is being developed. Grenada is a member of the Caribbean Free Trade Association - CARIFTA.

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Medical/Social Welfare

The Ministry of Social Services is responsible for health services. In each of the health districts into which the territory is divided, activities are integrated at a health centre providing basic services including maternal and child health care, nutritional care, and health education.

In 1968, of 2,994 live births, 1,258 deliveries took place in institutions and 1,615 were attended by a qualified doctor or midwife at home.

II. FAMILY PLANNING SITUATION

A private family planning association supported by the IPPF provides family planning services. The Government is permissive towards the Association and allows the use of public health facilities and personnel on a voluntary basis.

Attitudes

In 1970 and 1971 the Association hoped to involve the Government in responsibility for family planning services but negotiations proved unsuccessful, mainly as a result of political opposition from official circles. Local 'black power' disturbances created a bad atmosphere for the discussion on family planning. However, the Ministry of Education has tacitly approved the introduction of family life education into schools.

There has been some active opposition from the Roman Catholic Church.

Legislation

Abortion is illegal. The Government allows the Association to import contraceptives free of duty.

Family Planning Association

History

The Grenada Planned Parenthood Association was founded in 1964 by a small group including physicians, social workers, and administrators, who were concerned to improve the standard of life for the islands' growing population. The neglect of children and illegitimacy were serious social problems which needed to be dealt with and the Association's aims included the provision of education on responsible family life as well as of family planning services. Although there is no stigma attached to illegitimacy, yet the resulting large number of unstable homes and families without a father is a common problem.

The Association opened its first clinic in St. Georges in 1964. By the end of 1971 it was supporting three clinics as well as distributing contraceptives through field workers and encouraging public health personnel to co-operate in providing family planning services to patients at public health facilities.

Address

Grenada Planned Parenthood Association,
P.O. Box 104,
Scott Street,
St. George's,
Grenada.

Personnel

President: Mr. A.N. Hughes
Secretary: Mrs. Mary A. Pressey
Manager: Mrs. Myra Wilbur

Services

In 1970 the Association ran two full-time clinics, in St. George's and St. Andrews, as well as doctors' clinics staffed by doctors working on a part-time basis. The team of field-workers included the provision of contraceptive supplies to acceptors amongst their activities.

The total number of client visits in 1970 was 6,950, including the field work. 1,059 new acceptors were served and as of December 31, 1970 there was a total of 3,110 active acceptors. A very small number of clients were served on the island of Carriacou by volunteers.

The majority of all acceptors used the oral contraceptive and nearly 12,000 cycles of pills were distributed during the year. Early in 1970 the pill had received adverse publicity following the USA Congressional inquiry and there was a large number of drop-outs from the pill programme. By the end of the year confidence had been restored. At the same time the Association found more interest shown in both the diaphragm and the condom which are available to acceptors along with foams, the IUD, and the injectable method. In the first six months of 1971, the Association distributed over 8,000 condoms over and above recorded acceptors.

In the first half of 1971, 2,202 acceptors visited the St. George's clinic of whom 206 were new, and 1,059 acceptors visited the St. Andrews' clinic of whom 96 were new. The field-workers visited 6,018 patients of whom 110 became new acceptors. The doctors' clinics also continued to function.

The Association offers a cytology service to acceptors. The slides are processed at the Population Council Laboratory in Barbados. 619 Pap smears were taken in 1970.

Through the motivation and training of Government doctors and nurses working in public health centres, the Association seeks to gain their co-operation in the provision of family planning services. The Government permits the Association to use its facilities and personnel but will not direct the personnel to take up such activities. The organized training began in 1971 and the Association hopes to reach all the 50 district nurses and 20 doctors. At present about 10 public health centres offer family planning services. The Association also plans to expand its provision of family planning services through the operation of two new clinics to be opened in 1972, on a full or part-time basis according to the need. Three new weekly doctors' clinics will be initiated and three new cytology clinics will be opened.

Field Workers

The field-work team are an important part of the Association's programme. In 1970 they made a total of 9,883 visits and in the first six months of 1971, made 6,018 visits. Clients are provided with contraceptive supplies or are referred to a clinic. Other field-worker activities include motivation, follow-up of drop-outs from the programme and of non-acceptors, the collection of statistics and the distribution of a socio-economic questionnaire to all acceptors. The field-workers are increasingly co-operating with the nurses working in the public health stations in the area; many of the latter have agreed to supply contraceptives to the field-worker's clients. In 1972 there will be nine members of the team working full-time in the field, including two male workers as part of the campaign to approach more men. It is hoped that in 1972 the field-workers' clinical duties will diminish and they will be able to concentrate on motivation, education, and fund-raising.

Information/Education

As well as the person to person motivation programme carried out by the field-workers the Association runs a programme of public meetings to promote its aims and work. In 1970 four general seminars were held in different parishes to discuss family planning from the religious, economic, and medical points of view. It was the first time that Roman Catholic priests took part in a family planning promotion activity.

The organized programme also includes film shows and lectures, and the distribution of literature, including locally produced leaflets on family planning, Pap smears, venereal disease, population, child care, and a special leaflet for men only.

The mass media are used by the Association. There is some newspaper coverage and announcements of activities and the radio is increasingly being used. In 1970, free radio time was granted to the Association for the first time on the Government Broadcasting Unit. During the year 50 one minute announcements were made, nine five minute talks were broadcast, and there were three 20 minute panel discussions on sex education in schools.

The Association's information and education staff is to be increased in 1972 and an expanded programme is to be carried out. Particular emphasis is to be put on family life education and on providing a library service of books, films, and leaflets.

Sex Education

One of the aims of the Association is to achieve the introduction of family life and sex education into schools. In 1970, following a circular of the Education Department to all primary schools requesting them to advise the Department on their views on the matter, the Association held a series of six parent-teacher association meetings at which the majority opinion was expressed in favour. Sex education classes were already being run by the Association for school children and 79 were held in 1970.

By 1971 the Ministry of Education had given tacit approval to the introduction of family life and sex education into schools. The Association held six seminars for teachers in the second half of 1971 as part of its activities aimed at training personnel and at helping to prepare the syllabus. For the pilot project in 1972, the Association will provide

literature and technical advice to the ten selected teachers who are to take part in the experiment.

It is planned to hold a regional conference on sex education for the Caribbean in Grenada in 1972, with the support of IPPF and other international agencies.

Training

In-service training is carried out for all Association staff and special training is organized for new staff members.

In 1970 special training courses were organized for nurses and policemen in which Association personnel took part. Similar courses were held in 1971. The 1972 training programme includes courses for government doctors and nurses, for teachers who are to take part in the family life education project in schools, and for group leaders as volunteer teachers of family life education or family planning motivators for adult groups.

Resource Development

Fund raising activities were begun in 1971, using the available mass media, direct approaches to donors, and a general programme of lectures and film shows. This was the first time that efforts to raise funds locally had been made other than from the fees of the Association's members.

Other Sources

- Grenada Planned Parenthood Association, Annual Report, 1970
- _____, Annual Report to the IPPF, 1970.
- _____, Semi-annual Fiscal Report to the IPPF, January 1, 1971 - June 30, 1971.
- _____, Budget Proposal for 1972 to the IPPF.
- The Europa Year Book. 1971, A World Survey. Vol. II.

Situation Report

Distribution*

Country HUNGARY

Date NOVEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/E

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			93,030 sq.kms.
Total Population	9,338,000	9,984,000	10,331,000 (1970 est)
Population growth rate			0.3% (1963-70)
Birth rate	21.1	14.7	14.7 per 1000 (1970)
Death rate	11.7	10.2	11.6 per 1000 (1970)
Infant Mortality rate			35.7 per 1000 (1970)
Women in fertile age group (15-44)			2,257,000 (1967)
Population under 15			23%
Urban Population			46.8% (1970)
GNP per capita			US$1,100(1969)
GNP per capita growth rate			5.5% (1960-69)
Population per doctor	950(1952)	690 (1962)	520 (1969)
Population per hospital bed			120 (1969)

*This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances and paid maternity leave. Medical treatment is free of charge. Education is free and compulsory for ages 6 to 16.

Planned Parenthood Situation

There is no planned parenthood association in Hungary. Advice and services are available at most hospitals.

Government Attitude

The government is anxious to substitute contraception for abortion. It is government policy to promote a higher birth rate, and to this end at the beginning of 1967 a government decree raised family allowances. The desire to promote planned parenthood is reflected in the increasing attention being given to training of physicians and in the discussion of planned parenthood in the press and in radio and TV broadcasts.

Legislation

1956 legislation permits legal abortion on request up to 12 weeks' pregnancy.

Facts and Figures

Legal abortion is widespread. Recent data show that 60% of married women of childbearing age are using a method of contraception*. Of this proportion, however, a minority only are using efficient methods: e.g. 15% condom. The IUD was introduced in 1965, oral contraceptives in 1967.

The Research Institute for Population Studies and the Ministry of Health are studying the demographic and medical effects of oral contraception. There is a Hungarian IUD invented by Professor Ferenc Szontagh of Szeged. Diaphragms and condoms are manufactured in Hungary and exported throughout Eastern Europe.

Training

The Postgraduate Medical Institute of Budapest organizes a series of courses on all aspects of planned parenthood for doctors, pediatricians and students of social medicine. In addition, IUD sessions are conducted at 4 university clinics and in 3 provincial university clinics. A number of physicians have participated in the IPPF Europe and Near East Regional training scheme.

Responsible Parenthood and Sex Education

In addition to the above courses for physicians, the Hungarian Women's National Council organizes courses in factories on sex education and planned parenthood and school physicians give talks on sex education to secondary school children. Such educational courses are not, however, organized systematically. In 1967 the Demographic Section of the Scientific Educational Association was established.

*'Social Demography and Medical Responsibility' - Proceedings of 6th IPPF Europe and Near East Regional Conference, Budapest, 15-17 September 1969.

Situation Report

Distribution

Country NEPAL Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			140,797 sq.kms.
Total population		9,180,000	11,289,000 (1971)+
Population growth rate		1.8%	1.8% (1963-1969)[1]
Birth rate		41.1	44.6 per 1000 (1961)[2]
Death rate		20.8	22.9 per 1000 (1961)[2]
Infant Mortality rate			-
Women of fertile age (15-44)			2,156,631 (1961)[2]
Population under 15			40%[3]
Urban population			4.6%[4]
GNP per capita		US$45	US$80 (1968)[5]
GNP per capita growth rate			0.4% (1961-69 average)[5]
Population per doctor			49,070 (1969)[1]
Population per hospital bed			6,750 (1969)[1]

1) UN Statistical Year Book 1970
2) UN Demographic Year Book 1970
3) Population Bureau Data Sheet 1971
4) UN Monthly Statistical Bulletin - November 1971
4) World Bank Atlas 1971

+National Census 1971

*This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Nepal is a landlocked kingdom in the Central Himalayas, between India and Tibet. It has a Monarchy and the Constitution based on the Village Councils or Panchayats was introduced in 1962. Its capital Kathmandu has a population of 459,990 (1961 census). The population density is 77 per sq. km. but varies greatly according to the physical characteristics of the terrain. The average size of household is 5.4 persons.

Ethnic Groups

Mainly Mongolion, with some mixture of North Indian blood.

Language

The official language is Nepali, which is spoken in varying dialects throughout the country. English is spoken by a relatively small number of people.

Religion

Over 50% are Hindu, the remainder mainly Buddhist.

Economy

The economy is rural and agricultural; 93% of the population is engaged in agriculture. The main products are rice and maize. Trade is mainly with India. Nepal has received considerable aid from many donors including China, India, U.K., U.S.A., U.S.S.R. and U.N. agencies. Some transport,flood-control and hydro projects are in progress. The Fourth Five-Year Devlopment Plan which started in 1970 expects to show considerable achievement by 1975. It hopes to tackle the problem of employment as in the next 5 years jobs will have to be created for 525,000 economically active population.

US$1 = 10.12 Nepali Rupee

Communications/Education

Radio Nepal broadcasts in Nepali, Hindi, Newari and English. In 1969 there were about 50,000 radio receivers i.e. 5 per 1000 population. There were also 16 daily newspapers with a circulation of 27,000 i.e. 2 per 1000 population.

Literacy is low- estimated 10% for males and 2% females. Primary school pupils total some 450,000. There is one university in Kathmandu with 656 students.

The estimated population growth would increase the number of children of secondary school age by 25% and of higher education by 39% in 1981.

Medical

State Welfare services are limited. Existing hospital and health services are to be extended under the 5 Year Development Plan. Nepal has 300 doctors and the ratios to population are estimated to be as follows: Doctors 1:51,000; Nurses 1:90,000 and Auxiliary nurse midwife 1:38,000. About 280 doctors are in the service of the Government, but half of them are employed in the Kathmandu Valley. There are 43 government hospitals with 1436 beds and 13 non-governmental hospitals with 573 beds. In addition there are 98 health centres, 21 health posts and 14 dispensaries.

2. FAMILY PLANNING SITUATION

The government accepted responsibility for providing family planning services in 1966 and together with the Family Planning Association is promoting its family planning programme.

Legislation

Abortion is illegal, but there is a growing support to legalise abortion.

Family Planning Association

Address

Family Planning Association of Nepal
Post Box 486
Kathmandu
Nepal.

Personnel

President	: Mr. Gokul Prasad Pokhrel
Vice-President	: Hon. Mrs. Sushila Thapa
General Secretary	: Mr. Basu Shashi
Treasurer	: Mr. Pashupati Giri
Executive Secretary	: Mr. M.B. Basnyat
Public Relations Officer	: Mr. K.K. Joshi

History

Founded in 1958, the Association began clinical activities in co-ordination with the Women's Voluntary Society in the Kathmandu Maternity Hospital in 1963. The Association was reorganised in 1965, and began to arouse positive interest in government circles, with whom close communication has been maintained. It was largely due to the influence of the President of the Association that government accepted responsibility for family planning as part of the Maternal and Child Health Service.

Services

Services are provided by one full time and three part time doctors at 3 clinics at Lalitpur, Bhaktapur and Karve and 2 at Kathmandu. All these are in the Kathmandu valley. Attendance in 1970 totalled 11,000 of which 6,280 were new acceptors. There was an increase in the number of oral contraceptive and condom users. The same trend was seen in the first half of 1971 when attendance totalled 5,561. A vasectomy camp was held in Damauli at which 54 operations were performed making a total of 269 for the first six months of 1971.

Information and Education

Information and education has been given the highest priority since the Government has taken the responsibility of providing clinical services. In 1970, about 100 advertisements, 30 editorials and 80 news items were released in the press. A quarterly journal 'Niyojan' was started in 1971 and has proved to be very popular. Illustrated literature in Nepali has been distributed widely in the Kathmandu valley. Calendars, pamphlets and advertisements were other methods of reaching the public. 23 'dramas' and 8 talks on family planning have been broadcast over Radio Nepal in the first six months of 1971 in a weekly 15 minute programme. The Association proposes to have a larger number of radio programmes with greater variety of programme content. The Association participated in exhibitions arranged

by Red Cross and on the occasion of the King's birthday celebrations. A new film in Nepali 'Gift of Life' was produced in 1970. Plans for 1972 include the production of a new film and slides for showing at cinemas.

Fieldworkers are being trained to contact people. In the first half of 1971, fieldworkers contacted 550 persons. Fieldwork outside Kathmandu is handicapped by difficulties of communications. In 1972, 8 additional fieldworkers are to be recruited for work in the eastern or western region of the country.

A Marriage Counselling Centre is to be established at headquarters in 1972.

In June 1971, a seminar was held by the Association for the discussion of the subject 'The Second Development Decade in Family Planning'. The seminar was the first of its kind to be held in Nepal and brought together officials of the Health Ministry, the Planning Ministry, the Information and Broadcasting Department, journalists, educators and local leaders from 83 Village Panchayats of the Kathmandu Valley. It is proposed to hold 2 such seminars in 1972 in 2 other parts of the country.

Training

It is proposed to carry out training courses in 1972 to provide for the training of 10-15 motivators over a two month period.

Co-operation with the Government

The rapid growth of the Government family planning project from 1970 onwards demanded a reorientation of the programmes of the Association. In order to work closely together, discussions are under way between the Association and the Department of Health Services with the object of planning a joint project. The Health Ministry has established a 4 member coordination committee consisting of the Chairman of the Nepal Family Planning Board and Maternal and Child Health Project, the President and Secretary of the Association and the Project Chief (Government).

Government Department of Maternal and Child Health and Family Planning

Address Ministry of Public Health
Singha Durbar,
Kathmandu, Nepal.

Personnel

Director-General of Health
Ministry of Health. Mr. B.R. Vaidya

Director, Department of Maternal and Child Health and Family Planning. Dr. Y.N. Sharma

Deputy Director Department of Maternal and Child Health and Family Planning. Dr. K.S. Rana

History

In 1966, the year that the Government accepted responsibility for family planning, the Ministry of Health appointed a Family Planning Council. The Government concentrates on providing clinic facilities. The death rate in the country is still high from such diseases as tuberculosis and family planning will only be acceptable as part of a general improvement in Maternal and Child Health. Nepal was one of the first signatories of the UN Declaration on Population.

The Government aim is to reduce the population growth rate from the current level of about 2% per year to 1% by 1985 and eventually to zero. The Government hopes to stabilize the size of the population at between 16 million and 22 million people.

The Maternal and Child Health and Family Planning Project is the official family planning administration. The Maternal and Child Health and Family Planning Project has its own Board and has been allocated 10 doctors who are solely engaged in family planning. In order to utilise the small number of medical doctors the centres are headed at the district level by a non-medical officer who in turn is assisted by a small number of 3-4 assistant health officers and health aids. The Centres take care of pregnant women, children and of day-to-day family planning work. The health aids who are the key personnel, are engaged in educational work, are responsible for the "priority couple survey", and the follow up work arising from this and they also distribute contraceptives. Recently, it has been decided to support each centre with a number of health posts which areattached to Panchayat offices each being staffed with 1 health assistant and 2 health aids.

Services

The Maternal and Child Health and Family Planning Project started in 1965, and originally operated only in the Kathmandu Valley but has since 1970, extended its activities to 25 districts. It is planned to extend operations to 30 and 40 districts for the years 1972 and 1973 respectively. In terms of family planning 87 centres are currently in operation and will be increased to 110 in 1972 and 150 in 1973. Weekly and fortnightly mobile clinics are organised to reach people not being served by the existing FP/MCH clinics. Family planning methods offered are vasectomy, condoms, IUDs, oral contraceptives and tubectomy. IUD insertions, vasectomies and tubectomies are done by doctors. Vasectomy operation service is also made available by Mobile Vasectomy camps which are organised by the FP/MCH Project. Pills are distributed on the basis of a questionnaire rather than on the basis of a physical examination.

All services were free previously, but now some charges are made. Condoms and oral contraceptives are however distributed free to those who are unable to afford to buy them.

During 1970, the MCH/FP Project began a programme of commercial distribution of pills and condoms. The programme allows for distribution of pills and condoms via the 25 District office supply centres to shops and other commercial outlets in the country.

Combining the statistics of MCH/FP project and of the Association the new acceptors, from March 1970 to March 1971, totalled 68,000 of which 10% accepted IUDs, 17% vasectomies, 30% oral contraceptives and 43% condoms. A survey to establish acceptors profiles found the average age of vasectomy acceptors to be 38 (wife 32), 25% being illiterate, having an average of 5 children. In case of IUDs the acceptor has an average age of 30 (husband 36), and has 4 living children and 70% of the acceptors are illiterate. In the case of the pill the acceptor is on an average 30 years old (husband 35) and the number of living children is 3.4.

Training

In 1969-70, the Training Section gave initial training in FP & MCH to 124 fieldworkers (including health aids etc) and 14 project staff.

Information and Education

Use is made of radio, newspapers, films, leaflets and exhibitions by the Information and Education Section.

Population education activity in the school curriculum is centred on the secondary school science curriculum. Here Science Teaching Enrichment Programme (STEP) has been the major focus and population education is being fitted in the general curriculum.

Other Organisations

The IPPF provides financial assistance and commodities to the Association. US AID has given support to the Government's family planning programme since its inception. It has provided funds for contraceptives, other commodities and equipment and training and technical assistance.

Population Council - has provided a fellowship for graduate study in demography.

Pathfinder - has provided contraceptives.

The Swedish International Development Authority - has supplied contraceptives.

UK Overseas Development Administration - has provided an advisor on film making and raw film stock.

UNICEF is supporting the MCH programme.

The Japanese Organisation for International Co-operation in Family Planning - in 1968 supplied contraceptives and other equipment.

Sources

Annual Report 1969/70 of Nepal Family Planning and Maternal Child Health Project prepared by Ministry of Health, H.M. Government, Nepal.

Annual Report - Family Planning Association

USAID Reports - Nepal

Morthly Reports 1971 Family Planning Association

Programme Assistance 1970 - USAID

UN Statistical Year Book 1970

UN Demographic Year Book 1970

Europa Year Book 1971

Far East and Australasia - 1971

Population Reference Data Sheet 1971

World Bank Atlas 1971

Situation Report

Distribution *

Country PARAGUAY

Date DECEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			406,752 sq.kms.[1]
Total Population	1,397,000[1]	1,819,000 (1962)	2,419,000(1970)
Population Growth Rate		3.0%(1962)	3.4%(1970)
Birth Rate	46.4(1950-54)[1]	42(1962)	45 per 1,000(1970)
Death Rate	12-18(1950-54)[1]	12 (1962)	11 per 1,000(1970)
Infant Mortality Rate		98(1962)	84 per 1,000(1970)
Women in fertile age group(15-49yrs)			536,000(1970)[2]
Population under 15		46%(1962)	46%(1970)
Urban population		35.4%[3]	38.7% (1970)[3]
GNP per capita			US$240 (1969)[4]
GNP per capita growth rate			1.0% (1960-69)[4]
Population per doctor		1,700(1962)	2,000 (1970)
Population per hospital bed		400 (1962)	500 (1970)

Note: Unless otherwise stated the source for this table is Datos Básicos de Población en América Latina, 1970; Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.

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1. United Nations Demographic Yearbook.
2. Estimate from Boletín Demográfico, CELADE, Santiago de Chile, Year 2, No.4, July 1969.
3. United Nations Monthly Bulletin of Statistics, November 1971.
4. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.

I. GENERAL BACKGROUND

The landlocked and predominantly agricultural country of Paraguay has a small and unevenly distributed population. Population density is six persons per square kilometre; in the eastern part of the country the land is relatively unsettled and uncultivated.

Civil registration is poor and it is likely that the published rates for births and deaths are underestimated.At the present population growth rate of 3.4% per annum, the population will double itself within 21 years.

There has been extensive emigration from Paraguay over the past few decades and it is estimated that at least half a million Paraguayans are living and working abroad. The population, especially the male sector, was seriously reduced in the two major wars which Paraguay fought in 1865 and in 1932.

Ethnic Groups

Mixed - 74%, White - 21%, Amerindian - 3%, Negro - 1%.

Language

The official language is Spanish: Guaraní is also widely spoken.

Religion

The majority of the population are Roman Catholic; the Roman Catholic religion is the State religion. There is a small Protestant minority.

Economy

Under the recent political stability the economy has grown steadily. The currency has been stable since 1960 and there has been very little inflation. Agriculture and livestock production are the chief activities, and the products include fruit, vegetables, timber, cotton, maize, tobacco, hides and meat. Meat canning and the treatment of hides and skins are the main industries. There has been considerable foreign lending and investment in rural development projects over the past few years.

Communications/Education

Internal communications by road and rail are limited. External communications were, until recently, directed through Argentina but new international air, road and river links are being developed.

In 1969 there were nine daily newspapers, a circulation of 40 per 1,000 inhabitants. There is one government and 16 commercial radio stations, including Radio Guaraní. In 1970 there were 169,000 radio receivers. There is one commercial television station, and, in 1970, 18,000 television sets.

Primary education is free and compulsory between the ages of six and twelve years. However the shortage of schools, in particular in the rural areas, means that many children have only a few years of primary schooling, and some have none. In 1968 there were approximately 400,000 children in primary and 47,000 children in secondary schools.

There is one state and one catholic university. The 1962 census data showed that 25% of the population over the age of 15 years were illiterate.

Medical/Social Welfare

Health services are provided by the private and public sectors. In the latter the Ministry of Public Health is responsible for services together with the Institute of Social Welfare, (a social security scheme for workers and employees and their families), and the National Service for Sanitary Works. Maternal and child health care and domiciliary services for mothers and children are a small part of the public services.

Lack of adequate public sanitary services cause serious health problems. It was estimated that in 1970 only 16% of the urban population were supplied with drinking water and only 13% with proper drainage systems. Other health problems include widespread malnutrition among children and the shortage of medical facilities and personnel. In 1968, approximately 80% of the total of live births were not attended by a doctor or by a qualified midwife.

With international assistance the Government is carrying out health development and improvement projects. The aims include the improvement of the nutrition of children under five years of age and the extension of professional assistance at birth to 80% of pregnant women.

II. FAMILY PLANNING SITUATION

A private family planning association offers family planning services. There is no official government recognition or support of family planning activities although the Association is allowed to run a few of its clinics in Public Health facilities. The Institute of Social Welfare does offer contraceptive services but only to women with five children.

Attitudes

Despite the lack of any official support for family planning, there is growing interest among some government officials, in particular in the Ministry of Public Health, in family planning as a health measure. The Government is also interested in demographic studies in view of the need tosettle population in the more remote parts of the country, and the private family planning association is nationally recognized as a centre for Paraguayan population studies.

The Association has received support from the Medical School of Asuncion and there is a growing interest from other sectors in family planning, especially the press, and business.

Although for some while the Roman Catholic church remained neutral, there has recently been a growth of opposition to family planning among a sector of the clergy.

Legislation

The importation, manufacture and distribution of contraceptives are allowed but there are restrictions on their advertisement. Abortion is illegal unless performed to save the woman's life.

Family Planning Association

With the assistance of the IPPF a family planning association was organized in 1966. In June of that year the Paraguayan Centre for Population Studies, as the association is called, was established and opened a family planning outpatients clinic at the Medical School in the University Hospital in Asunción. In March 1967 a Pilot Family Planning Centre was set up jointly by the Paraguayan Centre of Population Studies and the Medical and Gynaecological Departments of the Faculty of Medicine in Asunción. By early 1970 the Centre had set up 11 private clinics. It became an associate member of the IPPF in 1969.

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Personnel

President: Prof.Dr.Luis Carlos Máas.
President Emeritus: Prof.Dr. Julio Manuel Morales
Executive Director: Dr. Dario F. Castagnino
Coordinators of the Committees:
Training - Dr.José T.Negrete
Education & Information - Dr. Miguelangel Ferrara.
Medical & Clinical Activities - Dr. Osvaldo Martínez Nuzzarello
Field Work - Lic.Elva de Vooght

Services

The increasing demand for the Centre's services is reflected in the expansion of the number of clinics from eleven to twenty during 1970 of which 16 were in Asuncion. The clinics included a few in government facilities, and in the Central Military Hospital.

The clinics offer fertility and infertility services although the greatest demand is for the former. A total of 4,210 new acceptors were treated in 1970 of whom 2,811 used the IUD and 1,351 the oral pill. Condoms and diaphragms were also used. There were 35 patients for infertility treatment. The Centre also provides a cytological service, examining 3,418 Papanicolaou smears during the year, and there were 3,465 visits for child welfare and nutrition advice.

By mid-1971 two new clinics had been set up, and the total of 22 clinics served 2,589 new acceptors during the first six months of the year. In 1972, the Centre plans to continue its clinic expansion, in particular in the rural areas. One of the basic aims of the Centre is to provide services for the low-income groups, either in Asuncion and other towns or in the countryside.

Information/Education

The Centre's Department of Education and Information aims to promote general public acceptance of family planning both at community leadership level and at the acceptor level.

Its work includes the organization of meetings for all levels of the community, and of seminars, the production and distribution of literature including the bi-monthly Newsletter, and the promotion of family planning through the press and private exhibitions.

In 1970 the programme included 1,942 meetings, often supported by audio-visual aids and two seminars: the Third National Seminar on Family Planning and the First Seminar for Union Leaders on Family Planning. Film and slide shows were held, reaching over 24,000 people. Literature distributed included 'Population and Family Planning in Paraguay', 'Parents' Clubs and Family Planning', and a wide range of information material. The Department promoted press coverage of the Centre and its activities, in particular of its national seminars, and 170 articles and news items appeared during the year. Private exhibitions were held in schools, parishes, social and welfare clubs and clinics.

In the first halfof 1971 the Centre held a Forum for Journalists on Population and Family Planning, as a result of which it was recommended that a representative of the press should attend all the Centre's scientific meetings in order to publicize family planning. The Centre also held the first of a planned series of regional seminars. This was held in June at the capital of the Department of Itapua, in the south of the country. This is part of the Centre's proposed expansion into the rural parts of Paraguay.

A new development in 1970 in the Centre's motivation work has been the organization of Parents' Clubs. Each Club is based on a family planning clinic in Asunción and is formed by 20 selected married couples who have accepted a family planning method. Theyattend a series of discussions on family planning and a wide range of related topics, such as community development, sex education, child nutrition, and abortion. The couples assist the Centre by promoting family planning among their neighbours and by bringing new clients to the clinics. At an evaluation meeting held in August 1970, it was concluded that the Clubs had achieved their objective of obtaining the active collaboration of the couples and it was decided to continue and expand the programme in 1971 and 1972.

In March 1970, a fieldwork committee was set up to supervise, coordinate and evaluate the work of the social workers who are attached to clinics and who carry out programmes of clinic talks, social guidance and advice, home visits, and follow-up work. In particular they cooperate in the running of the Parents' Clubs.

Training

The Centre runs an expanding training programme for medical and para-medical personnel as well as people in related fields. In 1970, four post-graduate training courses were held, attended by a total of 90 medical and paramedical personnel, the majority working in the Centre's clinics. Other trainees came from university hospitals, government health clinics and private practice. Activities in 1970 also included a course on demography and health for medical personnel at the National University's School of Medicine, a three day technical course for 44 doctors, and a short course for final-year nursing and social work students at the National University.

The Eighth post-graduate training course was held in April and May 1971, attended by 28 persons, including doctors, nurses, obstetricians, and social workers. The ninth post-graduate course, and a three-day practical course for some 50 doctors working in the Centre's clinics, were both held later in 1971.

An Evaluation course on the Family Planning Programme was held in June 1971, to make a detailed study of the factors behind the increase or decline in the number of acceptors. The meeting was attended by 26 professionals who work in the Centre's clinics.

A special training course was held in May 1970, for 40 educators in family welfare who were to act as instructors for the Parents' Clubs.

Resource Development

The Centre's efforts to raise funds and to develop resources began in 1970 when over US$13,000 were raised: the chief contribution came from the agreement of several local Lions' Clubs to pay for clinic rents. In 1971, a Resource Development Committee was set up to plan and direct the campaign.

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